

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Senate Majority Fund

ADDRESS (number and street)

P.O. Box 32025

☐Check if different
than previously
reported. (ACC)

Phoenix

AZ

85064

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00368431

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☒

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

09

01

2008

through

09

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mrs. Ashley Ragan

Signature of Treasurer

Electronically Filed by Mrs. Ashley Ragan

Date

10

06

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Senate Majority Fund

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	9	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		30886.37
(b) Cash on Hand at Beginning of Reporting Period	182821.51	
(c) Total Receipts (from Line 19)	80071.73	621006.15
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	262893.24	651892.52
7. Total Disbursements (from Line 31)	42735.00	431734.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	220158.24	220158.24
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name
Senate Majority Fund

Report Covering the Period:

From:

M M D D Y Y W Y
0 9 0 1 2 0 0 8

To:

M M D D Y Y W Y
0 9 3 0 2 0 0 8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	11000.00	132000.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	11000.00	132000.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	0.00	0.00
(b) Political Party Committees	69000.00	486250.00
(c) Other Political Committees (such as PACs)	80000.00	618250.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	36.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	2034.00
17. Other Federal Receipts (Dividends, Interest, etc.)	71.73	686.15
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	80071.73	621006.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	80071.73	621006.15

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	14735.00	223800.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	14735.00	223800.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	28000.00	205034.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	2900.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	42735.00	431734.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42735.00	431734.28

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	80000.00	618250.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	80000.00	618250.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	14735.00	223800.28
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	36.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	14735.00	223764.28

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Majority Fund

A.

Full Name (Last, First, Middle Initial)

William Council

Mailing Address 1621 Galleria Blvd.

City

Brenwood

State

TN

Zip Code

37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocat, Inc

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.8493

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Michael D'Arcangelo

Mailing Address 200 Dryden Road

City

Drescher

State

PA

Zip Code

19025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Complete Healthcare Resou-
rces

Occupation
Sr. Executive VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.8495

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Claude Lee

Mailing Address 931 Fairfax Park

City

Tuscaloosa

State

AL

Zip Code

35406

FEC ID number of contributing
federal political committee.

C

Name of Employer
NHS Management LLC

Occupation
VP and CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.8499

Amount of Each Receipt this Period

3000.00

SUBTOTAL of Receipts This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Majority Fund

A.

Full Name (Last, First, Middle Initial)

Jeffrey McMillen

Mailing Address 8623 Leroy Place

City

Fairfax

State

VA

Zip Code

22031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Akin, Gump, Strauss, Haug-
er

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.8497

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

L. William Paxon

Mailing Address 1333 New Hampshire Ave, NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C

Name of Employer
Akin, Gump, Strauss, Hauer

Occupation
Senior Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.8501

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Floyd Schlossberg

Mailing Address 4200 West Petersen Avenue

City

Chicago

State

IL

Zip Code

60646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alden Management Services

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.8503

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

11000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 23

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Senate Majority Fund

A.

Full Name (Last, First, Middle Initial)

ABBOTT LABORATORIES EMPLOYEE POLITICAL ACTION COMMITTEE

Mailing Address 100 Abbott Park Rd.
D312 AP6D

City State Zip Code
Abbott Park IL 60064

FEC ID number of contributing
federal political committee.

C C00040279

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 8

Transaction ID: SA11C.8459

Amount of Each Receipt this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

ADVOCAT INC. POLITICAL ACTION COMMITTEE

Mailing Address 1621 Galleria Blvd

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C C00421735

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: SA11C.8464

Amount of Each Receipt this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

AKIN, GUMP CIVIC ACTION COMMITTEE

Mailing Address 1333 NEW HAMPSHIRE AVE/NW STE 400

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing
federal political committee.

C C00104901

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: SA11C.8466

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Senate Majority Fund

A. Full Name (Last, First, Middle Initial) ALLIANCE FOR QUALITY NURSING HOME CARE INC POLITICAL ACTION COMMITTEE (AQNHCPAC) Date of Receipt

Mailing Address 1001 PENNSYLVANIA AVE NW SUITE 600

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00432336

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: SA11C.8467

Amount of Each Receipt this Period

2000.00

B. Full Name (Last, First, Middle Initial) BASF CORPORATION EMPLOYEES POLITICAL ACTION COMMITTEE

Mailing Address 100 Campus Drive

City State Zip Code
Florham Park NJ 07932

FEC ID number of contributing federal political committee. **C** C00340075

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 8

Transaction ID: SA11C.8462

Amount of Each Receipt this Period

1500.00

C. Full Name (Last, First, Middle Initial) COMCAST CORPORATION POLITICAL ACTION COMMITTEE- FEDERAL

Mailing Address 1701 JFK Boulevard, 49th Floor
35th Floor

City State Zip Code
Philadelphia PA 19103

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: SA11C.8469

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 23

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Majority Fund

A.

Full Name (Last, First, Middle Initial)
CORRECTIONS CORPORATION OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 10 Burton Hills Boulevard

City State Zip Code
Nashville TN 37215

FEC ID number of contributing
federal political committee. **C** C00366468

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: SA11C.8471

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)
DIRECT SUPPLY INC. PARTNERS PAC (DSI PARTNERS PAC)

Mailing Address 6767 North Industrial Road

City State Zip Code
Milwaukee WI 53223

FEC ID number of contributing
federal political committee. **C** C00409516

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: SA11C.8472

Amount of Each Receipt this Period

4000.00

C.

Full Name (Last, First, Middle Initial)
DUKE ENERGY CORPORATION POLITICAL ACTION COMMITTEE-FEDERAL 'DUKEPAC'

Mailing Address 422 SOUTH CHURCH STREET PBO5E

City State Zip Code
CHARLOTTE NC 28242

FEC ID number of contributing
federal political committee. **C** C00083535

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: SA11C.8474

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 23

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Senate Majority Fund

A.

Full Name (Last, First, Middle Initial)
ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

Mailing Address LILLY CORPORATE CENTER

City State Zip Code
INDIANAPOLIS IN 46285

FEC ID number of contributing federal political committee. **C** C00082792

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: SA11C.8475

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 101 EAST STATE STREET

City State Zip Code
KENNETT SQUARE PA 19348

FEC ID number of contributing federal political committee. **C** C00292094

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: SA11C.8476

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)
HCR MANOR CARE PAC

Mailing Address 333 NORTH SUMMIT STREET 16TH FLOOR

City State Zip Code
TOLEDO OH 43699

FEC ID number of contributing federal political committee. **C** C00260141

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: SA11C.8478

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 23

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Majority Fund

A.

Full Name (Last, First, Middle Initial)
INTERNATIONAL PAPER POLITICAL ACTION COMMITTEE

Mailing Address 1101 Pennsylvania Avenue NW
Suite 200

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee. **C** C00034405

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 8

Transaction ID: SA11C.8463

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
KINDRED HEALTHCARE INC. POLITICAL ACTION COMMITTEE

Mailing Address 680 South Fourth Avenue
ONE VENCOR PLACE

City State Zip Code
Louisville KY 40202

FEC ID number of contributing
federal political committee. **C** C00242271

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: SA11C.8480

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)
KING & SPALDING NONPARTISAN COMMITTEE FOR GOOD GOVERNMENT

Mailing Address 1180 Peachtree Street

City State Zip Code
Atlanta GA 30309

FEC ID number of contributing
federal political committee. **C** C00204453

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: SA11C.8481

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 23

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Majority Fund

A.

Full Name (Last, First, Middle Initial)

MEDICAL FACILITIES OF AMERICA INC PAC

Mailing Address 2917 PENN FOREST BOULEVARD STE 200
PO BOX 29600

City State Zip Code
ROANOKE VA 24018

FEC ID number of contributing
federal political committee.

C C00405472

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: SA11C.8482

Amount of Each Receipt this Period

3500.00

B.

Full Name (Last, First, Middle Initial)

NATIONAL VENTURE CAPITAL ASSOCIATION VENTUREPAC

Mailing Address 1655 N. Fort Myer Dr.
Suite 850

City State Zip Code
Arlington VA 22209

FEC ID number of contributing
federal political committee.

C C00150367

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 8

Transaction ID: SA11C.8461

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

PHARMACEUTICAL RESEARCH & MANUFACTURERS OF AMERICA BETTER GOVERNMENT COMMUNITIES

Mailing Address 950 F Street NW
Suite 300

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C C00021972

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: SA11C.8484

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 23

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Majority Fund

A. Full Name (Last, First, Middle Initial) POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS Date of Receipt

Mailing Address 317 MASSACHUSETTS AVENUE NE

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 8

City State Zip Code
WASHINGTON DC 20002

Transaction ID: SA11C.8460

FEC ID number of contributing federal political committee.

C C00343137

Amount of Each Receipt this Period

5000.00

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

B. Full Name (Last, First, Middle Initial) SECURITIES INDUSTRY AND FINANCIAL MARKETS ASSOCIATION FUND B, THE

Mailing Address 1399 New York Ave. NW
8th Floor

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

City State Zip Code
Washington DC 20005

Transaction ID: SA11C.8485

FEC ID number of contributing federal political committee.

C C00158980

Amount of Each Receipt this Period

2000.00

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

C. Full Name (Last, First, Middle Initial) SOUTHERN COMPANY EMPLOYEES PAC

Mailing Address 241 RALPH MCGILL BOULEVARD NE
BIN 10111

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

City State Zip Code
ATLANTA GA 30308

Transaction ID: SA11C.8487

FEC ID number of contributing federal political committee.

C C00144774

Amount of Each Receipt this Period

4000.00

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

SUBTOTAL of Receipts This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 23

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Majority Fund

A.

Full Name (Last, First, Middle Initial)

SUN HEALTHCARE GROUP INC POLITICAL ACTION COMMITTEE/AKA SUN HEALTHCARE PAC

Mailing Address 101 Sun Avenue NE

City

Albuquerque

State

NM

Zip Code

87109

FEC ID number of contributing
federal political committee.

C C00398826

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: SA11C.8488

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

TIME WARNER CABLE INC. FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 800 Connecticut Ave. NW
Suite 1200

City

Washington

State

DC

Zip Code

20006

FEC ID number of contributing
federal political committee.

C C00431551

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: SA11C.8490

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

VERIZON COMMUNICATION INC GOOD GOVT CLUB

Mailing Address 1717 Arch Street 47S
1717 ARCH ST. 47S

City

Philadelphia

State

PA

Zip Code

19103

FEC ID number of contributing
federal political committee.

C C00186288

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: SA11C.8492

Amount of Each Receipt this Period

3500.00

SUBTOTAL of Receipts This Page (optional)

13500.00

TOTAL This Period (last page this line number only)

69000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Senate Majority Fund

A.

Full Name (Last, First, Middle Initial)

Camelback Community Bank

Mailing Address 2777 E. Camelback Rd., Ste. 100

City

Phoenix

State

AZ

Zip Code

85253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.21

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: SA17.8522

Amount of Each Receipt this Period

71.73

Bank Interest

SUBTOTAL of Receipts This Page (optional)

71.73

TOTAL This Period (last page this line number only)

71.73

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Senate Majority Fund

A.

Full Name (Last, First, Middle Initial)

Ron Bonjean

Mailing Address 500 Monticello Road

City Alexandria State VA Zip Code 22305

Purpose of Disbursement
Reimb. for lodging/transportation/food

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8516

Date of Disbursement

09 / 27 / 2008

Amount of Each Disbursement this Period

2609.29

B.

Full Name (Last, First, Middle Initial)

JON KYL FOR U S SENATE

Mailing Address POST OFFICE BOX 10246

City PHOENIX State AZ Zip Code 85064

Purpose of Disbursement
Reimb. for Airline Flight

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8505

Date of Disbursement

09 / 02 / 2008

Amount of Each Disbursement this Period

515.00

C.

Full Name (Last, First, Middle Initial)

Northwest Airlines

Mailing Address Reagan National Airport

City Washington State DC Zip Code

Purpose of Disbursement
Air Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8505.0

Date of Disbursement

09 / 02 / 2008

Amount of Each Disbursement this Period

515.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

3124.29

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Senate Majority Fund

A.

Full Name (Last, First, Middle Initial)
JON KYL FOR U S SENATE

Mailing Address POST OFFICE BOX 10246

City PHOENIX State AZ Zip Code 85064

Purpose of Disbursement
SMF portion of rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8519

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
JON KYL FOR U S SENATE

Mailing Address POST OFFICE BOX 10246

City PHOENIX State AZ Zip Code 85064

Purpose of Disbursement
Equipment rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8520

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
JON KYL FOR U S SENATE

Mailing Address POST OFFICE BOX 10246

City PHOENIX State AZ Zip Code 85064

Purpose of Disbursement
SMF portion of Telephone/Internet

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8521

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

772.80

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Senate Majority Fund

A.

Full Name (Last, First, Middle Initial)

Jake Logan

Mailing Address 300 West Clarendon
#220

City Phoenix State AZ Zip Code 85013

Purpose of Disbursement
Reimb. for lodging/transportation/food

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8514

Date of Disbursement

09 / 17 / 2008

Amount of Each Disbursement this Period

1381.14

B.

Full Name (Last, First, Middle Initial)

Mrs. Corinne C. Lovas

Mailing Address 4502 E. Glenrosa

City Phoenix State AZ Zip Code 85018

Purpose of Disbursement
SMF Fundraising Consultant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8509

Date of Disbursement

09 / 11 / 2008

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Corinne C. Lovas

Mailing Address 4502 E. Glenrosa

City Phoenix State AZ Zip Code 85018

Purpose of Disbursement
SMF PAC Fundraising Consultant fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8515

Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

4381.14

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Senate Majority Fund

A. Full Name (Last, First, Middle Initial) Ryan Patmintra	Transaction ID: SB21B.8511 Date of Disbursement
Mailing Address 730 Hart Senate Building	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 1 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20510	Amount of Each Disbursement this Period
Purpose of Disbursement Reimb. for Food and Transportation Candidate Name	<div> <div>346.10</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Mrs. Ashley Ragan	Transaction ID: SB21B.8518 Date of Disbursement
Mailing Address 307 East Royal Palm	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 0 8</div> </div>
City Phoenix State AZ Zip Code 85020	Amount of Each Disbursement this Period
Purpose of Disbursement Wages Candidate Name	<div> <div>952.28</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Steven H. Gordon & Associates	Transaction ID: SB21B.8510 Date of Disbursement
Mailing Address 507 Capitol Court NE #100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 1 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
Purpose of Disbursement Reimb for SMF PAC dinner/hotel/shipping Candidate Name	<div> <div>4632.12</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

5930.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Senate Majority Fund

A.

Full Name (Last, First, Middle Initial)

Visa Credit Card Services

Mailing Address P.O. Box 96099

City
Charlotte

State
NC

Zip Code
28296

Purpose of Disbursement
SMF Meals and transportation

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8513

Date of Disbursement

/ /

Amount of Each Disbursement this Period

424.39

SUBTOTAL of Disbursements This Page (optional)

424.39

TOTAL This Period (last page this line number only)

14633.12

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Senate Majority Fund

A. Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT SYDNEY HAY TO CONGRESS	Transaction ID: SB23.8455 Date of Disbursement
Mailing Address PO BOX 17576	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 2 / 2 0 0 8</div> </div>
<div> <div>City MUNDS PARK State AZ Zip Code 86017</div> <div> <div>Purpose of Disbursement 2008 PRIMARY DEBT RETIREMENT</div> <div> <div>Candidate Name SYDNEY HAY</div> <div>Category/Type</div> </div> </div> <div> <div>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: AZ District: 01</div> </div> </div>	Amount of Each Disbursement this Period <div>3000.00</div>
B. Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT SYDNEY HAY TO CONGRESS	Transaction ID: SB23.8456 Date of Disbursement
Mailing Address PO BOX 17576	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 2 / 2 0 0 8</div> </div>
<div> <div>City MUNDS PARK State AZ Zip Code 86017</div> <div> <div>Purpose of Disbursement 2008 GENERAL</div> <div> <div>Candidate Name SYDNEY HAY</div> <div>Category/Type</div> </div> </div> <div> <div>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: AZ District: 01</div> </div> </div>	Amount of Each Disbursement this Period <div>5000.00</div>
C. Full Name (Last, First, Middle Initial) DAVID SCHWEIKERT FOR CONGRESS	Transaction ID: SB23.8450 Date of Disbursement
Mailing Address 15749 E EL LAGO	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 2 / 2 0 0 8</div> </div>
<div> <div>City FOUNTAIN HILLS State AZ Zip Code 85268</div> <div> <div>Purpose of Disbursement PRIMARY DEBT RETIREMENT</div> <div> <div>Candidate Name DAVID SCHWEIKERT</div> <div>Category/Type</div> </div> </div> <div> <div>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: AZ District: 05</div> </div> </div>	Amount of Each Disbursement this Period <div>5000.00</div>

SUBTOTAL of Disbursements This Page (optional)

13000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Senate Majority Fund

A. Full Name (Last, First, Middle Initial)
DAVID SCHWEIKERT FOR CONGRESS

Mailing Address 15749 E EL LAGO

City State Zip Code
FOUNTAIN HILLS AZ 85268

Purpose of Disbursement
GENERAL 2008

Candidate Name
DAVID SCHWEIKERT

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ District: 05

Transaction ID: SB23.8453

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
JOHN SHADEGGS FRIENDS

Mailing Address PO BOX 45444

City State Zip Code
Phoenix AZ 85064

Purpose of Disbursement
General 2008

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ District: 03

Transaction ID: SB23.8454

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
TIM BEE FOR CONGRESS

Mailing Address PO BOX 31985

City State Zip Code
TUCSON AZ 85751

Purpose of Disbursement
2008 GENERAL

Candidate Name
TIMOTHY BEE

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ District: 08

Transaction ID: SB23.8457

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

28000.00